

Comprehensive Medical and Dental Program Authorization Guideline

Subject: Allergy Testing

Unit: Health Services

Purpose

This guideline is used in the prior authorization and decision-making process regarding requests for allergy testing.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

Definition

Allergy testing involves placing a small amount of a suspected allergy-causing substance (allergen) on the skin and then scratching/pricking the skin in order to introduce the substance under the skin. Multiple allergens may be introduced at the same time, thereby testing for several suspected allergies simultaneously. The patient is then observed for reaction to the allergen, manifested as swelling and redness at the site.

Allergy testing should be performed under the supervision of an allergy specialist.

Background

Environmental allergies in children are a common occurrence, especially among young children. Typical signs and symptoms include skin redness (erythema) and hives (urticaria). In addition to causing “seasonal allergy” symptoms such as rhinorrhea, nasal congestion, sneezing, coughing, and wheezing, environmental allergies can act as precipitating factors in several other atopic diseases such as asthma and eczema. Although severe reactions such as respiratory distress and anaphylaxis are rare, they are of significant concern in the pediatric population.

Allergy testing represents the primary diagnostic tool in allergy that is used to confirm that a specific allergen, suggested by medical history, has induced an IgE antibody response. Percutaneous and intradermal skin tests to determine IgE-mediated immediate hypersensitivity are the most clinically applicable techniques in the assessment of allergic patients because of their simplicity, biological relevance in the patient’s own skin, rapidity of performance, low cost and high sensitivity. A positive IgE-mediated skin test manifests as a wheal and flare reaction. However, skin tests as with other physiologic measures require a degree of expertise by the observer to both interpret the results and correlate with the history and physical findings.

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Criteria to Substantiate Medical Necessity for Allergy Testing:

One or more of the following:

- Eczema
 - Requested by dermatologist
 - Prolonged use of topical steroids > 4 continuous weeks, without resolution
 - Steroids must be class V steroids or stronger
- Food Allergy
 - Requested by gastroenterologist, or
 - Etiology related to exposure to peanut or nut, or
 - Clearly delineates a true food sensitivity
- Seasonal allergy
 - Greater than six weeks of symptoms and
 - Failed trial of therapy with appropriate medications
 - Compliance demonstrated by prescription records
 - Must have documented appropriate follow-up with the medical provider
- Anaphylaxis or other life threatening allergic-type response
 - Etiology related to environmental allergen exposure
 - Etiology related to exposure to peanut or nut
- Recurrent angioedema or chronic or recurrent hives

References:

Sicherer, S., & Wood, R. A. (2011). Allergy testing in childhood: Using allergen-specific Ige tests. *Official Journal of the American Academy of Pediatrics*, 129(1), 193-197.

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Medical Director

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Date

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